American Institute of Integrative Oncology
RESEARCH & EDUCATION

# CASE STUDY SUBMISSION

**Important:** In observance of HIPAA and the sacred trust between care giver and patient, absolutely no patient names or identifying information is to be disclosed. Patient privacy is to be preserved. If you attach any medical records, pathology, surgical or laboratory reports, all names are to be removed.

| | |
|---|---|
| **Date** | 02/06/2019 |
| **Clinician Name & Credentials** | Isabel Galiano, Health Coach & IFM AFMCP Graduate |
| **Email** | isabel@isabelgaliano.com |

## Describe Your Patient (Please SUMMARIZE and use economy of words. You will have 15 minutes to present)

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|---|---|
| **Age, Gender & Ethnicity** | 50 years old, female, caucasian |
| **Body Type** | Endomorph |
| **Values** *What is most important to this patient? (Quality of Life, Decision Making, Side Effects?)* | do everything she can to avoid recurrency |
| **Stress Resilience** | Good at the moment |
| **Other** | |
| **Primary Diagnosis & Date** *(ex. Breast Cancer L, T3 N1 M0, BRCA1 positive, grade 3, Ki67 > 45%)* | Malignant Cutaneous Melanoma (left lower thigh), superficial spreading type, Clark level III, Breslow depth 0.8mm, non-ulcerated. Mitotic grade is 0. Tumor infiltrating lymphocytes are non-brisk, micro satellites not seen. Melan A positive cells were seen in lymph node favoring capsular/nodal nevus. Cells are negative for HMB45. No evidence of distant metastasis. |
| **Secondary Diagnosis** *(ex. Diabetes Type 2, Obesity)* | BRAF V600 mutation identified.<br>CN1 cells on the cervix.<br>Multiple cysts in both breasts. |

## Patient Status

☑ New Diagnosis ☐ Recurrence ☐ In Treatment ☐ In Recovery ☐ In Remission ☐ At Risk

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|---|---|
| **Concomitant and/or Complicating Factors** *(ex: poorly controlled diabetes, insomnia, poor support system)* | Poor support system, stressful job, financial struggles, poor sleep, chronic constipation, fatigue |
| **Adverse Effects of Cancer or Cancer Treatments** *(ex. anxiety-depression, diarrhea, peripheral neuropathy)* | n.a |
| **Relevant Laboratory, Pathology & Medical Reports** *(attach a PDF with patient identifying information removed or summarize)* | see attachment |

## Brief Summary of Recent History

After receiving all the results from biopsy, the oncologist was hesitant whether to prescribe immunotherapy or not. Her file was sent to Mayo Clinic for second opinion. They recommended close follow-up with dermatologist without further adjuvant medical treatment.

Apart from the skin cancer, she has been diagnosed with CN1 cells on the cervix and multiple cysts in both breasts. All these conditions have been left to close monitoring alone. Feeling unsettled with just going back to her "normal" life, she contacted me to help her on lifestyle changes and diet.

## Brief Summary of Additional Relevant Health, Medical, Psycho-Social and/or Family History

Recently divorced mother and a teacher, she has been under a lot of stress during her divorce. When I first met her, she had very poor sleep quality, did not exercise and was a bit overweight; she described herself as exhausted all the time, very stressed, with very low energy levels and little self-esteem and self-confidence.

## Other Relevant Information

Such as Chinese or Ayurvedic diagnosis, Naturopathic/Homeopathic Information, etc. *(ex. Liver Qi Stagnation, Dysbiosis)*

Functional Medicine Nutritionist diagnosed dysbiosis and adrenal fatigue.

## Brief Summary of Relevant Past Oncology or Medical Treatments

*(ex. surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy)*

Surgery performed to remove melanoma and 5 sentinel lymph nodes. No additional treatment.

## Summary of Recent and Current Treatments

Medical Oncology Care *(surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy)*

none

Integrative Oncology Care *(nutraceutical, botanical, phytochemical, acupuncture, energy medicine, other)*

none

## Your 2 Core Questions (stated clearly and succinctly)

1. What would you add/change in my treatment plan?
2. is there any specific recommendations in terms of diet and supplements for SKIN cancer patients.

## Attached Medical Records for Reference (with patient identifying information removed)

## PROPOSED TREATMENT PLAN Your case will not be reviewed without a completed proposed treatment plan

### Nutriceutical, Phytochemical and Botanical Supplements (name of supplement, dosing)

**Foundation Nutrition Supplements:**

- Omega 3 Fatty acids 2000 mg/day
- Vitamin C & flavonoids (Ester C from Pure Encapsulations) 2x /day (1250mg Vit C)
- Vitamin D3 5000 IU /day (monitor blood levels)
- B Complex (with Metafolin L-5 MTHF) 1/day
- Magnesium Citrate 300-600 mg/day (to help loose stool)

**Targeted Supplements:**

- Digestive enzymes
- Curcumin 3 gr/ day
- CoQ10 100mg/day
- Resveratrol 200mg/day
- Rhodiola 100mg/day

### Functional Foods and/or Therapeutic Shake

Probiotic Foods (3x/day), Prebiotic Foods, Resistant starch - Bone Broth and Collagen Powder (daily) - Red and green powders 1 teaspoon (alternate) - Mushroom powders (Cordyceps, Reishi, Lion's Mane) - Coconut oil (1-2 tablespoons daily) - Cruciferous vegetables 2 servings/day - Green tea - Goji berries - Ginger

Basic Therapeutic Shake (High Protein, High antioxidant, Good fats, Low Glycemic) with digestive enzymes

### Dietary Guidelines

Anti-inflammatory, immune supporting, low glycemic, gut supportive.
Mostly Plant based. High in phytonutrients. High in Fiber. High in antioxidants.
High in Healthy Fats (Omega 3)
Low in Iron
High in probiotic and prebiotic foods
Healthy Protein Intake (about 60 gr)
Remove processed foods. Chemical and Hormone free. Organic.

### Lifestyle Guidelines

I have been working with her on: 1) stress management 2) healthy sleep habits 3) exercise: brisk walk every day for 30 minutes, 2 yoga classes a week 4) building a support system of health practitioners, family and friends 5) work on self-confidence and self-esteem 6) reduce exposure to toxins (in food, water, air, beauty products)

### Recommended Diagnostics

### Referrals to specialists

Functional Medicine Nutritionist, Yoga teacher.

## Other Notes (please do not include additional notes in your email – notate them here within the case study)

Patient is still wondering if the decision NOT to do immunotherapy is the best option.

**CASE STUDY Submitted by Isabel Galiano** **05/30/19**

**Overview: N 50 yo Female Dx with Invasive Malignant Melanoma L Lower Thigh (excision, clear margins), pT1b + nodal nevus (2 nodes with micrometastases)**
**Immunotherapy not recommended/Observation only**
*Patient is still wondering if the decision NOT to do immunotherapy is the best option.*

**PATHOLOGY** Malignant Cutaneous Melanoma (left lower thigh), superficial spreading type, Clark level III, Breslow depth 0.8mm, non-ulcerated. **Mitotic grade is 0.** Tumor infiltrating lymphocytes are non- brisk, micro satellites not seen. Melan A positive cells were seen in lymph node favoring capsular/nodal nevus.
Cells are negative for HMB45. **BRAF V600 mutation identified.**
**CRP 5.3**
**RADIOLOGY No evidence of distant metastasis.**

**Multiple breast cysts, cervical dysplasia CN1, chronic constipation, fatigue**
**Divorced, Mother, School Teacher, High Stress, Poor Sleep Quality, Sedentary**
**Describes herself as exhausted, low energy with poor self esteem and poor self confidence, poor support system**

**Considerations**

- **Immunotherapy: Pembrolizumab (Keytruda)**
- **Oral Copper Chelation Tetrathiomolybdate**
- **High dose IV Vitamin C**
- **IV or SubQ Mistletoe Therapy**

PI3K-AKT
MAPK
BRAF mutations
Loss of Tumor Suppressor PTEN

Wnt/b-catenin signaling
Cell Adhesion- E Cadherin
COX2
NFkB

**BIOMARKERS**:
MONITOR SERUM
CoQ10,
Copper,
Zinc,
Ceruloplasmin,
hs CRP,
Neutrophil:Lymphcyte Ratio,
Fibrinogen activity,
D-Dimer,
Serum VEGF
Serum Vitamin A

**Targeted Melanoma Support**

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|---|---|
| **DFH Curcumevail Curcumin** | **1/2x/day** |
| DFH Resveratrol Supreme (+Quercetin) | 1/2x/day |
| **DFH Grapeseed Extract. Grapeseed proanthocyanidins** | **1/2x/day** |
| **DFH EGCG Green Tea Catachins** | **1/2x/day** |
| **DFH Milk Thistle Silymarin** | **1/2x/day** |
| VN Berberine 500mg | 1/2x/day |
| Clinical Synergy Mycoceutics Mushrooom Immune Max | 3/2x/day. |
| Chinese Herbal Dan Shen Salvia Milthiiorrhiza extract (Target Melanoma) | |
| LIQUID Golden Lotus or Wise Woman Herbals extract | 2 teaspoons daily |
| OR packets TCMZone Dan Shen granules | 2 packets daily (20 day supply per box) |
| Clinical Synergy Pure Honokiol 2 at bedtime | |
| Clinical Synergy Pectasol C Professional 15 grams daily in two divided doses | |

**Foundation Nutrients for Cancer Control**

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|---|---|
| ITI ProThriver Wellness Multi | 1/2x/day |
| **DFH Omegavail TG 1000** | **1/2x/day** |
| **DFH Buffered Magnesium Chelate (glycinate)** | **1/2x/day** |
| **DFH Vitamin D Supreme** | **1/2x/day Cell Adhesion E Cadherin** |
| **DFH Q-Evail 200mg** | **1/2x/day (CoQ 10).** Low levels of CoQ10 linked to risk of Melanoma |
| DFH Osteoben | 2/2x/day. Bone Health |
| DFH Zinc Supreme (30mg + Mb) | 1/2x/day |
| VN Vitamin A 25,000iu | 1 cap per week |
| DFH Annatto Tocotrienols 300mg | 1/2x/day |

**Selected References**

Canc Lett 2013 July 28: 335(2): 251-258 **Emerging Phytochemicals for prevention of melanoma invasion.** Virgina Jones, Santosh K. Katiyar

J Am Acad Dermatol. 2006 Feb;54(2):234-41. Epub 2005 Dec 27. **Low plasma coenzyme Q10 levels as an independent prognostic factor for melanoma progression** Rusciani L

CoQ10 levels were significantly lower in patients than in control subjects (t test: P < .0001) and in patients who developed metastases than in the metastasis-free subgroup (t test: P < .0001). Logistic regression analysis indicated that plasma CoQ10 levels were a significant predictor of metastasis (P = .0013). The odds ratio for metastatic disease in patients with CoQ10 levels that were less than 0.6 mg/L (the low-end value of the range measured in a normal population) was 7.9, and the metastasis-free interval was almost double in patients with CoQ10 levels 0.6 mg/L or higher (Kaplan-Meier analysis: P < .001).

Cancer. 1981 Apr 1;47(7):1838-44.

**Serum copper and zinc levels in melanoma patients. Fisher GL, Spitler LE, McNeill KL, Rosenblatt LS.**Serum copper levels (SCL) and serum zinc levels (SZL) were evaluated in malignant melanomapatients at various clinical stages. Copper levels were generally found to be elevated, reflecting the degree and extent of tumor activity. Zinc levels and, hence, SCL:SZL ratios did not reflect tumor activity. SCL appeared to prognosticate disease progression in that all patients whose values never declined below 150 micrograms/100 ml died during the course of the study. However, not

all patients who died from tumor metastases displayed persistent elevations of SCL. Patients receiving BCG immunotherapy appeared to have higher SCL than untreated patients.

Int J Oncol. 2016 Feb;48(2):624-34. doi: 10.3892/ijo.2015.3286. Epub 2015 Dec 10.**Bioactive proanthocyanidins inhibit growth and induce apoptosis in human melanoma cells by decreasing the accumulation β-catenin.**Vaid M

Nutr Metab (Lond). 2019 May 21;16:33. doi: 10.1186/s12986-019-0365-4. eCollection 2019. **Dietary compounds and cutaneous malignant melanoma: recent advances from a biological perspective. Ombra MN**

Notes from Isabel Galiano, Health Coach, Singapore

**Proposed treatment plan**

**Nutriceutical, Phytochemical and Botanical Supplements (name of supplement, dosing) Foundation**

**Nutrition Supplements:**

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Basic Therapeutic Shake (High Protein, High antioxidant, Good fats, Low Glycemic) with digestive enzymes

**Dietary Guidelines** Anti-inflammatory, immune supporting, low glycemic, gut supportive. Mostly Plant based. High in phytonutrients. High in Fiber. High in antioxidants. High in Healthy Fats (Omega 3) Low in Iron High in probiotic and prebiotic foods Healthy Protein Intake (about 60 gr) Remove processed foods. Chemical and Hormone free. Organic.

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